

## CUBICIN PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** Varies based on diagnosis

**NOTE:** *If medication is being administered in a physician's office then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at [www.ghp.georgia.gov](http://www.ghp.georgia.gov)*

### PA CRITERIA:

- ❖ Approvable for members who have been started and stabilized on Cubicin while in the hospital and have been diagnosed with either a complicated skin/skin structure infection or a Staphylococcus aureus bloodstream infection

*OR*

- ❖ Physician must submit documentation of an infection with culture and documented sensitivity to Cubicin. The organism must not be susceptible to preferred first-line antibiotics; otherwise, physician should submit documentation of allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to susceptible preferred first-line antibiotics.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on "view full list" in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.